

Responses to Surveys  
Sent on 7/16/01

	F-ASCs	H-ASCs	H-EDs	Totals	%	H-ASC/ED	H-ASC only	H-ED only	Special Notes:					
<b>Responses</b>	102	76	84	262	36%	72	5	12						
<b>(720 surveys)</b>														
Use of 3rd Party or not for Billing?				262					(based on 262 as total)					
Yes	13	53	55	121	46%				45% Hospital based facilities used 3rd party for billing.					
No	89	23	29	141	54%				34% Freestanding ASCs do not use 3rd party for billing.					
<b>Collect?</b>					% based on 262 responses									
SSN	98	70	84	252	96%				96% SSNs are reported by all facilities.					
EMS #	5	10	24	39	15%				Most all elements can be reported by EDs					
Race	97	67	79	243	93%				Freestanding ASCs excel highly in times (arrival, care, disch)					
Arrival Time	82	63	79	224	85%									
Start of Care	93	39	51	183	70%				Of note, EMSA saw the survey prior to sending it out.					
Pt of Origin	33	49	73	155	59%				Prehospital Care Record Identifier is not strong in responses.					
Transport	31	34	69	134	51%				I need to check HIPAA to see if this can be captured or not.					
P.E-code	4	50	68	122	47%									
O.E-code	4	48	64	116	44%									
Disposition	69	64	81	214	82%									
Disch Time	99	62	79	240	92%									
Total Chgs	82	65	76	223	85%									
Format?														
<b>UB Paper</b>				835					For Graph Info - Format Issues					
MediCal	46	33	44	123	15%				UB-Paper	835	45%	All facilities can report paper version.		
Medicare	15	22	32	69	8%				UB-Electronic	585	32%	Hospital based facilities are strong in UB-92 electronic version.		
Private Ins	88	56	66	210	25%				1500-Paper	224	12%	Free standing ASCs tend to use HCFA 1500 for Medicare		
Worker Comp	66	61	72	199	24%				1500-Electronic	116	6%	(paper or electronic versions)		
TRICARE	51	50	61	162	19%				837 Institutional	40	2%			
Other	17	24	31	72	9%				837 Professional	4	0%	Hospital based facilities are already using HIPAA standards		
									Proprietary	17	1%			
									Other	19	1%			
<b>UB Electronic</b>				585					N/A	3	0%			
MediCal	3	62	74	139	24%					1843				
Medicare	12	65	76	153	26%									
Private Ins	18	45	47	110	19%									
Worker Comp	7	32	37	76	13%									
TRICARE	8	32	34	74	13%									
Other	2	15	16	33	6%									
<b>1500 Paper</b>				224										
MediCal	22	2	7	31	14%									
Medicare	57	10	18	85	38%									
Private Ins	23	5	8	36	16%									
Worker Comp	18	6	11	35	16%									
TRICARE	13	5	8	26	12%									
Other	4	2	5	11	5%									

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<b>Responses</b>	102	76	84	262	36%	72	5	12						
<b>1500 Electronic</b>				<b>116</b>										
MediCal	6	1	5	12	10%									
Medicare	53	13	16	82	71%									
Private Ins	8	3	4	15	13%									
Worker Comp	1	1	2	4	3%									
TRICARE	1	1	1	3	3%									
Other	0	0	0	0	0%									
<b>837 Institutional</b>				<b>40</b>										
MediCal	0	3	5	8	20%									
Medicare	0	3	5	8	20%									
Private Ins	0	3	5	8	20%									
Worker Comp	0	2	4	6	15%									
TRICARE	0	3	4	7	18%									
Other	0	1	2	3	8%									
<b>837 Professional</b>				<b>4</b>										
MediCal	0	0	1	1	25%									
Medicare	0	0	1	1	25%									
Private Ins	0	0	1	1	25%									
Worker Comp	0	0	1	1	25%									
TRICARE	0	0	0	0	0%									
Other	0	0	0	0	0%									
<b>Proprietary</b>				<b>17</b>										
MediCal	3	1	1	5	29%									
Medicare	2	0	0	2	12%									
Private Ins	2	0		2	12%									
Worker Comp	0	1	1	2	12%									
TRICARE	1	0	0	1	6%									
Other	1	2	2	5	29%									
<b>Other</b>				<b>19</b>										
MediCal	0	1	3	4	21%									
Medicare	1	0	1	2	11%									
Private Ins	0	3	5	8	42%									
Worker Comp	0	0	1	1	5%									
TRICARE	0	0	2	2	11%									
Other	1	0	1	2	11%									

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<b>Responses</b>	102	76	84	262	36%	72	5	12					
<b>N/A</b>				3									
MediCal	1	0	0	1	33%								
Medicare	0	0	0	0	0%								
Private Ins	0	0	0	0	0%								
Worker Comp	1	0	0	1	33%								
TRICARE	0	0	1	1	33%								
Other	0	0	0	0	0%								
<b>Billing</b>													
ED as Inpatient				80					Hospital-based facilities tend to combine ED or ASC records together with the inpatient records, whether it is a billing practice or medical record practice.				
Separate record			3	3	4%								
Combined record			76	76	95%								
Payer specify			1	1	1%				Note - some hospital-based facilities separate them out if the have Edl capabilities.				
ASC as Inpatient				164									
Separate record	51	3		54	35%				Majority of freestanding ASCs keep their records separate, regardless of whether the patient was admitted or not. Often these questions do not apply to them (as noted by them).				
Combined record	8	66		74	45%								
Payer specify	34	2		36	22%								
<b>Medical Records</b>													
ED as Inpatient				82									
Separate record			2	2	2%								
Combined record			77	77	94%								
Other reasons?			3	3	4%								
ASC as Inpatient				165									
Separate record	46	3		49	30%								
Combined record	9	68		77	47%								
Other reasons?	37	2		39	24%								
<b>HIPAA Compliance</b>													
Facility level				261									
yes	18	43	46	107	41%				34% Hospital based facilities will be HIPAA compliant.				
no	49	28	33	110	42%				42% Both freestanding and hospital based facilities will not be HIPAA compliant.				
blanks	34	5	5	44	17%								
									Some of the responses thought OSHPD created the HIPAA rules.				
Clearinghouse				258									
yes	2	33	35	70	27%				26% Hospital based facilities say their clearinghouses will be HIPAA compliant.				
no	17	15	16	48	19%				16% Freestanding facilities did not respond as to whether their clearinghouses will be HIPAA compliant. This may reflect in the fact they do not have a 3rd party entity for billing (see first question in survey).				
blanks	40	6	7	53	21%								
n/a	43	20	24	87	34%								
N/A - do not use a clearinghouse													